

STATE OF NEW YORK  
SURROGATE'S COURT  
COUNTY OF STEUBEN

CERTIFICATE OF APPOINTMENT OF FIDUCIARY

FILE NO. 38987

IT IS HEREBY CERTIFIED that Letters in the Estate of the decedent named below have been granted by this Court as follows:

NAME OF DECEDENT: PAUL P MERCHANT

RESIDENCE OF DECEDENT: TOWN OF ERWIN

DATE OF DEATH: APRIL 18, 2001

FIDUCIARY APPOINTED: GAIL F ONEILL MERCHANT

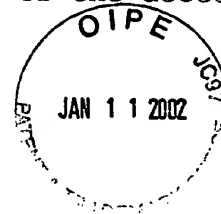
CO-FIDUCIARY: NONE

CO-FIDUCIARY: NONE

TYPE OF LETTERS ISSUED: LETTERS TESTAMENTARY

DATE LETTERS ISSUED: SEPTEMBER 11, 2001

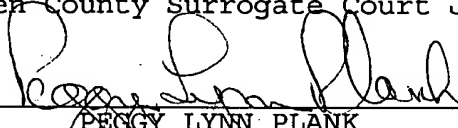
LIMITATIONS ON LETTERS: NONE



and such Letters are unrevoked and in full force as of this date.

DATE: 09-27-2001

IN TESTIMONY WHEREOF, the seal of  
the Steuben County Surrogate's Court  
has been hereunto affixed.  
WITNESS HON. MARIANNE FURFURE  
Steuben County Surrogate Court Judge

  
PEGGY LYNN PLANK  
Chief Clerk of Surrogate's Court

DO NOT ACCEPT THIS CERTIFICATE UNLESS THE RAISED SEAL OF THE STEUBEN  
COUNTY SURROGATE'S COURT IS AFFIXED THEREON.

(Note: S.C.P.A. 710 PROVIDES IN PART: "4. No Fiduciary shall remove property of the estate from New York State without the prior approval of the Court and upon filing a bond if required by the Court.")

RECORDED DISTRICT		NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH		STATE FILE NUMBER	
5001 REGISTER NUMBER 77				JAN 2002	
RESIDENCE		1. NAME: FIRST MIDDLE LAST		2. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	
NCHS		Paul P. Merchant		3A. DATE OF DEATH: MONTH DAY YEAR 04 18 2001	
4C		4A. PLACE OF DEATH: (Check only one) HOSPITAL <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/>		3B. HOUR: 7:25 a.m.	
4G		4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR 04 17 2001			
		4C. NAME OF FACILITY: (If not facility give address) Corning Hospital		4D. LOCALITY: (Check one and specify) CITY OF <input checked="" type="checkbox"/> VILLAGE OF <input type="checkbox"/> TOWN OF <input type="checkbox"/>	
		4E. COUNTY OF DEATH: Steuben			
		4F. MEDICAL RECORD NO. 124145		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	
7A		5. DATE OF BIRTH: MONTH DAY YEAR 10 14 1950		6. AGE: 50 yrs.	
		7A. CITY AND STATE OF BIRTH: (Country if not U.S.A.) Burlington, Vermont		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:	
		8. SERVED IN U.S. ARMED FORCES? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Specify years)		9. RACE: (Black, White, etc.) White	
		10. HISPANIC ORIGIN? (If yes, specify) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		11. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 5+	
7B		12. SOCIAL SECURITY NUMBER: 009-38-3491		13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> MARRIED OR SEPARATED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
		14. SURVIVING SPOUSE: (If wife, provide maiden name) Gail O'Neill			
		15A. USUAL OCCUPATION: (Do not enter retired) Physicist		15B. KIND OF BUSINESS OR INDUSTRY: Glass Manufacturing	
		15C. NAME AND LOCALITY OF COMPANY OR FIRM: Corning, Inc. Corning, NY			
9		16A. RESIDENCE, STATE: New York		16B. COUNTY: Steuben	
		16C. LOCALITY: (Check one and specify) CITY OF <input type="checkbox"/> VILLAGE OF <input type="checkbox"/> TOWN OF <input checked="" type="checkbox"/>		16D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF NO, SPECIFY TOWN:	
10		16E. ZIP CODE: 14830			
SI		17. NAME OF FATHER: FIRST MI LAST John Merchant		18. MAIDEN NAME OF MOTHER: FIRST MI LAST Margaret Crilley	
25		19A. NAME OF INFORMANT: Gail O'Neill-Merchant		19B. MAILING ADDRESS: (Include zip code) 10809 Hidden Meadow Trail Corning, NY 14830	
30		20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) MONTH DAY YEAR 04 18 2001		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Northern Bradford Crematory S. Waverly, Pa.	
31		21A. NAME AND ADDRESS OF FUNERAL HOME: Carpenter's Funeral Homes, Inc. 14 E Pulteney St. Corning, NY 14830		21B. REGISTRATION NUMBER: 00301	
31B		22A. NAME OF FUNERAL DIRECTOR: Peter J. Russell		22B. SIGNATURE OF FUNERAL DIRECTOR: [Signature]	
		22C. REGISTRATION NUMBER: 04467			
		23A. SIGNATURE OF REGISTRAR: [Signature]		23B. DATE FILED: MONTH DAY YEAR 04 18 01	
		23C. LAST SEEN ALIVE BY ATTENDANT: MONTH DAY YEAR 04 17 01		24A. BURIAL OR REMOVAL PERMIT ISSUED BY: [Signature]	
		24B. DATE ISSUED: MONTH DAY YEAR 04 18 01			
QR		ITEMS 25-33 COMPLETED BY CERTIFYING PHYSICIAN — OR — ITEMS 25-33 COMPLETED BY CORONER OR MEDICAL EXAMINER			
QS		25A. ON THE BASIS OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: [Signature]			
QCOD		25B. THE PHYSICIAN ATTENDED THE DECEASED FROM 04/16/01 TO 04/18/01			
CANCER		25C. NAME OF ATTENDING PHYSICIAN: Kathleen Hainman			
		25D. ATTENDING PHYSICIAN LICENSE NUMBER: 20850			
		26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A: Kathleen Hainman 5015 S. Hamilton St. Painted Post, NY 14824			
		27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/>			
		28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>			
		29A. AUTOPSY? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> REFUSED <input type="checkbox"/>			
		29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
		30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)			
		PART I. IMMEDIATE CAUSE: (A) Respiratory Failure (B) Metastatic disease/trauma (C) Metastatic renal cell CA			
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):			
		31A. IF INJURY, DATE: MONTH DAY YEAR 04 18 01			
		31B. LOCALITY: (City or town and county and state) Corning, NY			
		31C. DESCRIBE HOW INJURY OCCURRED:			
		31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>			
		32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>			
		33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>			
		33B. DATE OF DELIVERY: MONTH DAY YEAR			

I hereby certify that the attached paper is a true and correct copy of the Death Certificate of Paul P. Merchant as taken from the official records of Vital Statistics of the City of Corning, New York, under date of April 18, 2001

[Signature]  
Deputy Registrar of Vital Statistics



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DECLARATION IN ORIGINAL APPLICATION

U.S. Attorney Docket No.: SP00-226

As a below named inventor, I declare that:

My residence, Post Office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **MEMS Mirror And Method Of Fabrication**.

The specification of which (check only one item below):

- ☐ is attached hereto
- ☒ was filed as United States Application Serial No. 09/919,325 on July 31, 2001 and was amended on (if applicable)
- ☐ was filed as PCT international application number , on , and was amended under PCT Article 19 on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, on the same subject matter, having a filing date before that of the application on which priority is claimed:

- |                          |          |                  |              |
|--------------------------|----------|------------------|--------------|
| <input type="checkbox"/> | Country: | Application No.: | Filing Date: |
| <input type="checkbox"/> | NONE     |                  |              |

I hereby claim the benefit under Title 35 United States Code § 119(e) and § 120 of any United States application(s) or 365(c) of any PCT international application designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37 Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

- |                                     |                     |            |        |               |         |         |
|-------------------------------------|---------------------|------------|--------|---------------|---------|---------|
| <input checked="" type="checkbox"/> | Provisional No.:    | 60/221,940 | Filed: | July 31, 2000 | Status: | Pending |
| <input type="checkbox"/>            | Application No.:    |            | Filed: |               | Status: |         |
| <input type="checkbox"/>            | PCT Application No: |            | Filed: |               | Status: |         |
| <input type="checkbox"/>            | NONE                |            |        |               |         |         |

DECLARATION IN ORIGINAL APPLICATION

U.S. Attorney Docket No.: SP00-226

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:

Christopher P. Brophy

Resident Address:

6 Pine Lane, Corning, NY 14830

Post Office Address:

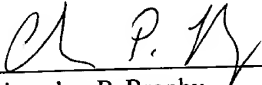
same

Citizenship:

United States of America

DATE:

10/31/00

  
Christopher P. Brophy

Full Name of Inventor:

Xiaodong R. Fu

Resident Address:

40 Overbrook Road, Painted Post, NY 14870

Post Office Address:

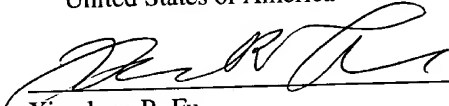
same

Citizenship:

United States of America

DATE:

10/31/01

  
Xiaodong R. Fu

Full Name of Inventor:

David W. Lambert

Resident Address:

122 Beartown Road, Painted Post, NY 14870

Post Office Address:

~~207 West Fifth Street, Corning, NY 14830~~  
same

Citizenship:

United States of America

DATE:

10/31/2001

  
David W. Lambert

**Full Name of Inventor:**

Paul P. Merchant

**Resident Address:**

10809 Hidden Meadow Trail, Corning, NY 14830

**Post Office Address:**

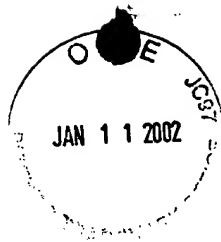
same

**Citizenship:**

DATE: 11/05/01

Paul P. Merchant by Gail F. O'Neill-Merchant Executrix  
Paul P. Merchant by ~~Gail Merchant~~ Executrix  
GAIL F. O'NEILL-MERCHANT

(U.S.)



Attorney Docket No.: SP00-226

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant(s):** Brophy, et al  
**Serial No.:** 09/919,325  
**Filed:** July 31, 2001  
**For:** MEMS Mirror And Method Of  
Fabrication

**COMBINED  
CERTIFICATE UNDER  
37 C.F.R. § 3.73(b)  
and  
POWER OF ATTORNEY**

Assistant Commissioner for Patents  
Washington, DC 20231

**CERTIFICATE UNDER 37 C.F.R. § 3.73(b)**

**CORNING INCORPORATED**, a New York corporation, certifies that it is the assignee of the entire right, title and interest in the patent application identified above by virtue of an assignment from the inventor(s) of the patent application identified above. A true copy of the unrecorded Assignment is attached hereto.

The undersigned has reviewed the above referenced assignment of the patent application identified above and, to the best of the undersigned's knowledge and belief, title is in the assignee identified above.

The undersigned is empowered to sign this certificate on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

(U.S.)



Attorney Docket No.: SP00-226

### POWER OF ATTORNEY BY ASSIGNEE

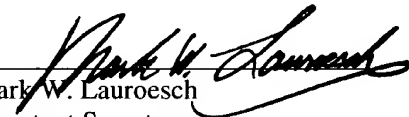
CORNING INCORPORATED, the assignee of the full and exclusive right, title and interest in and to the accompanying application for United States Letters Patent entitled **MEMS MIRROR AND METHOD OF FABRICATION** and executed by Christopher P. Brophy, Xiaodong R. Fu, David W. Lambert, Paul P. Merchant by Gail F. O'Neill-Merchant, Executrix, on 10/31/00, 10/31/01, 10/31/01, 11/05/01, respectively, appoints the practitioners associated with the Customer Number provided below (i.e., the practitioners associated with the Patent Department, Corning Incorporated) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith. Please direct all correspondence to Gregory V. Bean at the address associated with that Customer Number.

**Customer Number: 22928**

CORNING INCORPORATED

Date: 6 Nov 2001

By

  
Mark W. Lauroesch  
Assistant Secretary

## ASSIGNMENT

FOR VALUE RECEIVED, I, as a below named inventor, hereby sell, assign and transfer unto Corning Incorporated, a corporation organized and existing under the laws of the State of New York, having its principal place of business at Corning, New York, (hereinafter CORNING), as assignee, and unto its successors, assigns and legal representatives, the entire right, title and interest, for all countries, in and to certain inventions relating to a **MEMS Mirror And Method Of Fabrication**, such inventions being generally described in an application for Letters Patent of the United States executed on

DATE 10/31/01

DATE 10/31/01

DATE 10/31/01

DATE 11/5/01

and in any future patent applications claiming the benefit of the filing date of that application, and all the rights and privileges under any and all Letters Patents that may be granted therefore.

I request that any and all patents for said inventions be issued to CORNING, its successors, assigns and legal representatives, or to such nominees as CORNING may designate.

I agree that, when requested, I will, without charge to CORNING and at CORNING's expense, sign all papers, take all rightful oaths, and do all acts which may be necessary, desirable or convenient for securing and maintaining patents for said inventions in any and all countries and for vesting title thereto in CORNING, its successors, assigns and legal representatives or nominees.

I authorize and empower CORNING, its successors, assigns and legal representatives or nominees, to invoke and claim for any application for patent or other form of protection for said inventions filed by it or them, the benefit of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any convention which may henceforth be substituted for said Convention or entered as a supplement to, and to invoke and claim such right of priority without further written or oral authorization.

I hereby consent that a copy of this assignment shall be deemed a full legal and formal equivalent of any assignment, consent to file or like document which may be required in any country for any purpose and more particularly in proof of the right of CORNING, or its successors, assigns and legal representatives or nominees to claim the aforesaid benefit of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any convention which may henceforth be substituted for it or entered as a supplement to it.

I covenant with CORNING, its successors, assigns and legal representatives or nominees, that the rights and property herein conveyed are free and clear of any encumbrance, and that I have full right to convey the same as herein expressed.



Signed at Corning, NY, this

10/31/01  
Date

CP. Brophy  
Christopher P. Brophy

10/31/01  
Date

Xiaodong R. Fu  
Xiaodong R. Fu

31-OCT-2001  
Date

David W. Lambert  
David W. Lambert

11/05/01  
Date

Paul P. Merchant by Gail F. O'Neill-Merchant, Executrix  
Paul P. Merchant by ~~Gail Merchant~~ Executrix  
Gail F. O'Neill-Merchant

State of New York)  
: ss.  
County of Steuben)

On the 31<sup>st</sup> day of October 2001, before me personally came **Christopher P. Brophy** known to be the person described in and who executed the foregoing instrument, and acknowledged that they executed the same.

Charlene Hevey  
Notary Public  
CHARLENE HEVEY  
Notary Public, State Of New York  
No. 01HE6055884  
Qualified In Steuben County  
Commission Expires March 12, 20 03

State of New York)  
: ss.  
County of Steuben)

On the 31<sup>st</sup> day of October 2001, before me personally came **Xiaodong R. Fu** known to be the person described in and who executed the foregoing instrument, and acknowledged that they executed the same.

Charlene Hevey  
Notary Public  
CHARLENE HEVEY  
Notary Public, State Of New York  
No. 01HE6055884  
Qualified In Steuben County  
Commission Expires March 12, 20 03

State of New York)  
: ss.  
County of Steuben)

On the 31<sup>st</sup> day of October 2001, before me personally came **David W. Lambert** known to be the person described in and who executed the foregoing instrument, and acknowledged that they executed the same.

Charlene Hevey  
Notary Public  
CHARLENE HEVEY  
Notary Public, State Of New York  
No. 01HE6055884  
Qualified In Steuben County  
Commission Expires March 12, 20 03

State of New York)

: ss.

County of Steuben)

*Gail F. O'Neill-Merchant*

On the 5<sup>th</sup> day of November 2001, before me personally came Paul P. Merchant by ~~Gail Merchant~~, Executrix known to be the person described in and who executed the foregoing instrument, and acknowledged that they executed the same.

*Charlene Hevey*  
Notary Public

CHARLENE HEVEY  
Notary Public, State Of New York  
No. 01HE6055884  
Qualified In Steuben County  
Commission Expires March 12, 2003